

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 593052

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11	1		1			
12		1		1		
13		1		1		
14		1		1		
15	1		1			
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		19		19		
21		19		19		
22		19		19		
23		19		19		
24		19		19		
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30		19		19		
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33		19		19		
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35		19		19		
36		19		19		
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38		19		19		
39		19		19		
40		19		19		
41		19		19		
42		19		19		
43		19		19		
44	1					
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
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97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	19	←		←
TOTAL CLAIMS			22			